

MISSOURI STATE BOARD OF HEALTH  
STANDARD CERTIFICATE OF DEATH

State File No. 27841

1001

Registrar's No. 832

SEP 10 1941 85

Registration District No.

Primary Registration District No.

## 1. PLACE OF DEATH:

(a) County Buchanan  
(b) City or town St. Joseph  
(If outside city or town limits, write "RURAL" and name of township)  
(c) Name of hospital or institution  
4 1510 Henry Street (Nursing Home)  
(If not in hospital or institution, write street number or location)  
(d) Length of stay: In hospital or institution: 2 months 14 days  
(Specify whether  
In this community 35 years.  
years, months or days)

3. (a) PRINT FULL NAME Henry Stevens

3. (b) If veteran, name war None 3. (c) Social Security No. None  
4. Sex Male 5. Color or race White 6. (a) Single, widowed, married, divorced Single  
6. (b) Name of husband or wife \_\_\_\_\_ 6. (c) Age of husband or wife if alive \_\_\_\_\_ years  
7. Birth date of deceased: October 5 1882  
(Month) (Day) (Year)

8. AGE: Years 58 Months 10 Days 13 If less than one day  
hr. \_\_\_\_\_ min. \_\_\_\_\_

9. Birthplace Hanover Kansas.  
(City, town, or county) (State or foreign country)

10. Usual occupation Carpenter11. Industry or business Buliding

MOTHER FATHER { 12. Name Geo. D. Stevens  
13. Birthplace Unknown Ireland  
(City, town, or county) (State or foreign country)  
14. Maiden name Elizabeth Roundy  
15. Birthplace Unknown Ireland  
(City, town, or county) (State or foreign country)

16. (a) Informant Leslie Kiefer(b) Address 313 East Market St. St. Joseph17. (a) Burial (b) Date thereof Aug. 20, 1941  
(Burial, cremation, or removal) (Month) (Day) (Year)(c) Place: burial or cremation Mt. Olivet Cemetery18. (a) Signature of funeral director Heruall M. S. S. S. S.(b) Address 1802 Union Str. St. Joseph, Mo.19. (a) Aug. 19-41 (b) H. J. Neelshush  
(Date received local registrar) (Registrar's signature)

## 2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Buchanan  
(c) City or town St. Joseph  
(If outside city or town limits, write "RURAL")  
(d) Street No. 2024 Dewey Ave.  
(If rural, give location)  
(e) If foreign born, how long in U. S. A. \_\_\_\_\_ years.

## MEDICAL CERTIFICATION

20. DATE OF DEATH: Month August day 18th  
year 1941 hour 6 minute 00 A.M.

21. I hereby certify that I attended the deceased on  
AUGUST 19, 1941, to  
that I last saw the deceased  
and that death occurred on the date and hour stated above.

Immediate cause of death Carcinoma of the Rectum and general debility  
Due to \_\_\_\_\_

Due to Hod

Other conditions Colostomy April 1941  
(Include pregnancy within 3 months of death)  
Major findings at the Cancer Clinic, Columbia Mo.  
Of operations no  
Of autopsy no

22. If death was due to external causes, fill in the following:

(a) Accident, suicide, or homicide (specify) \_\_\_\_\_

(b) Date of occurrence \_\_\_\_\_

(c) Where did injury occur? \_\_\_\_\_ (City or town) (County) (State)

(d) Did injury occur in or about home, on farm, in industrial place, in public place? \_\_\_\_\_

While at work? \_\_\_\_\_ (Specify type of place)  
(e) Means of injury Coroner

23. Signature H. J. Neelshush (M. D. or other) CoronerAddress 404 So 3rd Date signed 8/19/41

**STATEMENT BY LICENSED EMBALMER**

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by me, or by.....

....., Registered Apprentice No.....  
working under my personal supervision.

Signed.....

*Albert C. Harrington*

Licensed Embalmer No. 3258

P. O. Address St. Joseph, Mo.

**Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply with the above constitutes grounds for revocation of license.)**

**If this body is not embalmed, fact should be so stated above.**